



PROFESSIONAL GROUP PLANS, INC.
Specializing in Employee Benefits

**Horizon BCBS NJ Dental
New Jersey
New Business Submission
Checklist**

- Employer Master Application**
- Quote**
- Employee Enrollment Form(s)**
- Waiver(s)**
- Prior Carrier Bill**
- Student Verification (if applicable)**
- Marriage Certification (if applicable)**
- Certificate of Domestic Partnership (if applicable)**
- Automatic Pay Plan Application/Voided Check**
- First Month's Premium Check Payable to:**
Horizon Blue Cross Blue Shield of New Jersey
- Forms Must Be Submitted to PGP Office**
5 days prior to the effective date.

First time case submission needs licensing forms.

If you have any questions, please contact your PGP representative.

Updated 09/15/08